



Serving the Iowa Legislature

IOWA LEGISLATIVE INTERIM CALENDAR AND BRIEFING

November 30, 2011

2011 Interim No. 9

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• Public Retirement Systems Committee (11/9-11/10/11)	
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December 2011

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Tuesday, December 13, 2011

Administrative Rules Review Committee

9:30 a.m., Room 116, Statehouse

Sue Lerdal, LSA Fiscal Services Division, Retirement Reception

4:30-6:30 p.m., Noodle Zoo, 601 E. Locust St., Des Moines

Thursday, December 15, 2011

Revenue Estimating Conference

1:00 p.m., Room 116, Statehouse

Monday, December 19, 2011—Rescheduled from December 15, 2011

Mental Health and Disability Services Study Committee

10:00 a.m., Second Floor, Former Library, Ola Babcock Miller Building

Tuesday, December 20, 2011

Fiscal Committee of the Legislative Council

1:00 p.m., Room 116, Statehouse

Monday, January 9, 2012

Eighty-fourth General Assembly, 2012 Regular Session Convenes

10:00 a.m., Senate and House of Representatives

January 2012

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Iowa Legislative Interim Calendar and Briefing is published by the Legal Services Division of the Legislative Services Agency (LSA). For additional information, contact: LSA at (515) 281-3566.

AGENDAS

INFORMATION REGARDING SCHEDULED MEETINGS

Administrative Rules Review Committee

Chairperson: Senator Wally Horn

Vice Chairperson: Representative Dawn Pettengill

Location: Room 116, Statehouse

Date & Time: Tuesday, December 13, 2011, 9:30 a.m.

Contact Persons: Joe Royce, LSA Counsel, (515) 281-3084; Jack Ewing, LSA Counsel, (515) 281-6048.

Agenda: Published in the Iowa Administrative Bulletin:

<http://www.legis.state.ia.us/asp/BulletinSupplement/bulletinListing.aspx>

Mental Health and Disability Services Study Committee

Co-Chairperson: Senator Jack Hatch

Co-Chairperson: Representative Renee Schulte

Location: Second Floor, Former Library, Ola Babcock Miller Building

Date & Time: Monday, December 19, 2011, 10:00 a.m.—Rescheduled from December 15, 2011.

Contact Persons: John Pollak, Legal Services, (515) 281-3818; Patty Funaro, Legal Services, (515) 281-3040; Amber DeSmet, Legal Services, (515) 281-3745.

Agenda: Discuss next steps.

Internet Page: <http://www.legis.iowa.gov/Schedules/committee.aspx?GA=84&CID=541>

Fiscal Committee of the Legislative Council

Co-Chairperson: Senator Robert E. Dvorsky

Co-Chairperson: Representative Scott Raecker

Location: Room 116, Statehouse

Date & Time: Tuesday, December 20, 2011, 1:00 p.m.

Contact Persons: Deb Kozel, Fiscal Services, (515) 281-6767; Dave Reynolds, Fiscal Services, (515) 281-6934; Tim McDermott, Legal Services, (515) 281-8090; John Pollak, Legal Services, (515) 281-3818.

Agenda: Reviews and updates on State Board of Regents efficiency reports, state correctional facilities, Iowa Lottery budgeting process, Medication Therapy Management Pilot Project, delinquent state sales and use tax collections, and Fiscal Services Division reports.

Internet Page: <http://www.legis.iowa.gov/Schedules/committee.aspx?GA=84&CID=46>

BRIEFINGS

INFORMATION REGARDING RECENT ACTIVITIES

PUBLIC RETIREMENT SYSTEMS COMMITTEE

November 9 and 10, 2011

Co-Chairperson: Senator John P. (Jack) Kibbie

Co-Chairperson: Representative Dawn Pettengill

Overview. The Public Retirement Systems Committee received testimony from various organizations and individuals concerned with the major public retirement systems in the state. The Committee recommended that potential recommendations be considered at a subsequent meeting of the Committee during the 2012 Legislative Session.

MUNICIPAL FIRE AND POLICE RETIREMENT SYSTEM OF IOWA (MFPRSI)

MFPRSI Staff. Mr. Dennis Jacobs, MFPRSI Executive Director, and Mr. Donn Jones and Mr. Glenn Gahan, Consulting Actuaries, provided background information concerning the retirement system. Mr. Jacobs noted several challenges facing the system, to include achieving adequate investment returns to fund the system, restoring the favorable funding status of the system following the recent decline in the investment markets, implementing federal and state requirements concerning veteran's reemployment rights, and issues concerning implementation of complex programs within the retirement system. Mr. Jacobs also noted that the MFPRSI board is recommending technical statutory changes for legislative action.

Mr. Jones noted that based on the most recent actuarial valuation of the system for the fiscal year ending June 30, 2011, the funded status of the system based upon the market value of assets is 85 percent, an increase from 72 percent from two years ago. Mr. Gahan then discussed future trends in the actuarial contribution rate using both the aggregate cost actuarial method and the entry age normal actuarial cost method. Under both methods, the cities' contribution rate will likely rise, and then decline over time with the increase and decrease more gradual if the entry age normal method is used.

Iowa League of Cities. The league expressed its concern over the impact of increased required contributions from the cities to MFPRSI in the future. The league proposed moving towards a split of the total required contribution rate to the system of 60 percent employer and 40 percent employee for new employees.

Iowa State Police Association and Iowa Professional Fire Fighters. The associations believe that the system is working as designed and that no changes are needed. The MFPRSI board looked at options for changing the system but eventually made no recommendations for change. Costs of the retirement system should not be shifted to working fire fighter and police officer families.

PEACE OFFICERS' RETIREMENT SYSTEM (PORS)

PORS Staff. Mr. David Heuton, PORS Director of Administrative Services, provided background on the system. Based upon the July 1, 2011, actuarial valuation of the system, the shortfall in contributions to the system is 13.69 percent of payroll. However, due to improved investment experience, the funded status of the system based upon the market value of assets improved to 66.9 percent from 59.3 percent from the prior fiscal year. Long term, Mr. Heuton noted that the impact of the changes to the system during the 2010 Legislative Session will result in the funded status of the system improving to 85 percent by the year 2031, assuming all other assumptions are met. The 2010 legislative changes included reducing the years of disability retirement counted as service credit as well as limiting post retirement benefit increases. In addition, the employer and employee contributions were increased and a supplemental \$5 million annual appropriation to the system will begin on July 1, 2012. As a result of these changes, the PORS board recommended no changes to the system.

State Police Officers Council and the Iowa State Patrol Supervisors' Association. The associations made no recommendation for changes and urged the Legislature to let the statutory changes enacted in 2010 continue to work on improving the long-term funded status of the system.

JUDICIAL RETIREMENT SYSTEM

Overview. Mr. David Boyd, State Court Administrator, Ms. Peggy Sullivan, Director of Finance and Personnel, and Mr. Brent Bannister, Senior Actuary, provided background on the retirement system. Based upon the July 1, 2011, actuarial valuation of the system, the shortfall in contributions to the system is only 0.55 percent of payroll. In addition, due to improved investment experience, the funded status of the system based upon the market value of assets improved to 67.8 percent from 63.7 percent from the prior fiscal year. No recommendations for changes to the system were made.

IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM (IPERS)

IPERS Staff. Ms. Donna Mueller, Chief Executive Officer, and Mr. Bannister addressed the Committee and provided an overview of the retirement system and described the general financial condition of the system, to include prelim-

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INFORMATION REGARDING RECENT ACTIVITIES

(Public Retirement Systems Committee continued from Page 3)

nary information relative to the June 30, 2011, actuarial valuation of the system. Based on this preliminary information, the funded status of the entire system based upon the actuarial value of assets is 79.9 percent. In addition, the total contribution rate for the regular membership classification will increase the maximum one percentage point to 14.45 percent beginning July 1, 2012, with the contribution split between the employer and employee on a 60-40 basis. Based upon this total contribution rate, the shortfall in contributions to the system is only 0.32 percent of payroll.

For members of the sheriffs and deputies classification, the total contribution rate will increase to 19.8 percent, payable on a 50-50 employer and employee basis, beginning July 1, 2012. For members of the protection occupation classification, the total contribution rate will increase to 17.11 percent, payable on a 60-40 employer and employee basis, beginning July 1, 2012. For the regular membership classification, benefit reductions were enacted in 2010 and these changes, included with improved investment experience, has improved the long-term funding of this membership group.

Current issues facing the system include the cost to the system of retirees returning to IPERS covered employment, the future of continuing retiree dividend payments for those members retiring after 1990, and the potential impact of Government Accounting Standards Board (GASB) proposed accounting changes relative to public pensions.

IPERS Benefit Advisory Committee (BAC). BAC has made no specific recommendation for legislative changes at this point. The BAC has examined the possibility of including bailiffs within the protection occupation category but groups representing bailiffs have not yet made a formal recommendation.

Iowa Hospital Association. The association requests the Legislature to eliminate the July 1, 2012, sunset of the shortened retirement waiting period for licensed health care professionals.

Next Meeting. The Committee intends to meet during the 2012 Legislative Session to consider possible recommendations for legislative consideration.

LSA Contacts: Ed Cook, Legal Services, (515) 281-3994; Andrew Ward, Legal Services, (515) 725-2251; Jennifer Acton, Fiscal Services, (515) 281-7846.

Internet Page: <http://www.legis.iowa.gov/Schedules/committee.aspx?GA=84&CID=57>

MENTAL HEALTH AND DISABILITY SERVICES STUDY COMMITTEE

November 17, 2011

Co-Chairperson: Senator Jack Hatch

Co-Chairperson: Representative Renee Schulte

Charge. The Study Committee was created by the Legislative Council with the following charge: Review publicly supported mental health and disability services (MH/DS). The Study Committee shall closely engage with, monitor, and propose legislation concerning the recommendations and proposals developed by the workgroups implemented by the Department of Human Services (DHS) and other bodies addressed by 2011 Iowa Acts, SF 525. The legislators serving on the interim committee and other interested legislators are authorized to participate in the meetings of the workgroups and subcommittees addressed by the legislation. In addition to the workgroup recommendations, the Study Committee shall address property tax issues, devise a means of ensuring the state maintains its funding commitments for the redesigned services system, recommend revisions in the requirements for mental health professionals who are engaged in the involuntary commitment and examination processes under Iowa Code chapter 229, recommend revisions to the Iowa Code chapter 230A amendments contained in SF 525 as necessary to conform with the system redesign proposed by the Study Committee, develop proposed legislation for amending Code references to mental retardation to instead refer to intellectual disabilities, and consider issues posed by the July 1, 2013, repeals of county disability services administration and funding provisions in 2011 Iowa Acts, SF 209. In addressing the repeal provisions, the Study Committee shall consider all funding sources for replacing the county authority to levy for adult disability services.

Background. DHS initiated seven workgroups to develop proposals and recommendations for the Study Committee for redesign of the services systems. Most of the workgroups met every other week from mid-August until the end of October. In addition, DHS held several public hearings in locations around the state. DHS submitted a preliminary report to the Study Committee on October 31, 2011, and plans to submit a final report on December 9, 2011. Information concerning the workgroups is posted on this Internet page: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

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(Mental Health and Disability Services Study Committee continued from Page 4)

The workgroups that reported at the end of October are as follows:

- Adult Mental Health System Redesign Workgroup (MH)
- Best Practices and Program for Persons with Brain Injury Workgroup (BI)
- Adult Intellectual and Developmental Disability System Redesign Workgroup (ID-DD)
- Children's Disability Services Workgroup (Children)
- Regionalization Workgroup (Regional)
- Judicial Branch and DHS Workgroup (Judicial-DHS)
- Psychiatric Medical Institutions for Children (PMIC) Transition Workgroup

Overview. The primary focus of the meeting was the Iowa Mental Health and Disability Services Redesign interim report submitted to the Study Committee by DHS on October 31, 2011. One or more representatives of each workgroup described the workgroup membership, a summary of key recommendations, areas of consensus and opinion differences, and responded to questions. In addition, testimony concerning the redesign proposals was provided by representatives of residential care facilities and members of the public. Each workgroup presented a short summary of its findings and recommendations that are posted on the Study Committee webpage along with the full interim report and other materials.

Redesign Report Overview. Mr. Charles Palmer, DHS Director, and consultant Mr. Steve Day of the Technical Assistance Collaborative (TAC), provided an overview of the workgroup process used to develop the interim report. Workgroups met for 11 weeks beginning in August and ending in late October 2011. The short time frame was difficult but helped the process reach a beneficial conclusion. The observations offered included the following:

- Many of the current or "legacy" services have been offered for a long time and are of good quality. The redesign needs to maintain the positive attributes of the current services while transitioning to more modern, community-based services that are consistent with the principles outlined in the U.S. Supreme Court's Olmstead decision.
- The redesign should address three types of integration needs for the system as a whole: service and access to services, funding streams, and inside and outside the system.
- Significant service system gaps were identified in consumer access to housing, transportation, employment, and primary health care.
- A significant time frame of five years or more will be necessary to transition to a redesigned system in order to sequence decisions as to who is responsible and the investments needed.
- DHS is working to provide cost estimates for the recommendations for inclusion in the department's final report to be submitted by December 9, 2011.

Adult Mental Health Workgroup. Mr. Christopher Atchison, University of Iowa College of Public Health, chaired this workgroup along with Director Palmer. Several other workgroup members, including Dr. Michael Flaum, University of Iowa, Ms. Teresa Bomhoff, Mental Health Planning Council and other groups, and Mr. Patrick Schmitz, NW Iowa Community Mental Health Center, also responded to Study Committee questions. The presentations and discussion included the following points:

- An extensive list of recommended core services was provided. Core services should address the needs of persons with co-occurring disabilities and specialized needs. In a new regional structure each region will need to identify how to implement core services that are not yet generally available.
- In addition to income, age, and residency in the state, eligibility provisions should also include the use of a standardized functional assessment tool.
- Outcome and performance requirements need continual attention and an ongoing committee should be designated for this purpose. In addition, DHS should be provided additional staffing resources.
- Workforce gaps are a serious problem and a permanent MH and Disability Workforce Development Group should be established to address the problem. A peer workforce should also be developed and integrated into the redesign.
- Scope of practice and professional licensing issues were discussed. The discussion noted parallels with the shortage of MH/DS providers and previous efforts to improve rural access to physical health services.

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(Mental Health and Disability Services Study Committee continued from Page 5)

- In response to questions about the need for additional funding, Director Palmer suggested consideration of first investing in the Medicaid system funding shortfalls in order to avoid reductions in non-Medicaid services.

Brain Injury Workgroup. Mr. Jack Hackett, Iowa Health, chaired the workgroup. He was joined by workgroup members Mr. Geoffrey Lauer, Brain Injury Association of Iowa, Mr. Tom Brown, Community NeuroRehab, Mr. Ben Woodworth, Iowa Association of Community Providers, and Ms. Julie Dixon, On With Life, Inc. This workgroup will continue to meet and make additional recommendations. The presentations and discussion included the following points:

- The presenters sought to build understanding about brain injury, gaps in services, and specialized needs. Although the Medicaid Home and Community-Based Services (HCBS) Waiver for Brain Injury is the most significant funding source for services to this population, other Medicaid services are also provided.
- Currently available services and funding streams were designated as core services along with recommendations to optimize the current services with relatively low-cost, high-impact adjustments. In addition, a group of expanded core services and new core services were also specified. The full report provides information on difficulty of implementation, degree of impact, timeline considerations, and other information concerning each recommendation.
- Discussion covered the need to integrate this service population with other service populations while addressing the specific needs of this population, high cost of out-of-state placements, the growing needs of veterans of the conflicts in the Iraq and Afghanistan who have traumatic brain injuries, the need for training and education of service providers and the general population, and benefits of changing the current state brain injury advisory council to a commission.

Regionalization Workgroup. The regionalization workgroup was chaired by Ms. Mary Vavroch, retired Assistant Attorney General, and Director Palmer. They were joined in this presentation by Ms. Lori Elam, Scott County Central Point of Coordination (CPC) administrator. The presentation and discussion included the following points:

- Criteria for counties to utilize in forming regions, such as a general population of 200,000 to 700,000 persons, capacity to provide access to various services, and consisting of at least three contiguous counties. Each region should pool moneys and utilize a combined fund or "single checking account" approach for financing.
- A time frame for forming and implementing regions, including a voluntary period from January 2012 through June 30, 2013, provision for DHS to assign unaffiliated counties to a region after June 30, 2013, and full implementation by July 1, 2014. Early implementation regions would receive technical assistance from DHS.
- Regional governance through a governing board consisting of a county supervisor or designee from each county in the region and at least three consumer or family representatives. A majority of workgroup members supported a "one county-one vote" principle for governance but there were concerns regarding this approach from larger counties.
- The department and service providers would not be governing board members but instead, providers should be actively engaged in an advisory role. In discussion, it was noted that conflict of interest concerns formed the basis for the recommendation concerning providers.
- The definition of "resident" adopted by the MH/DS Commission should be utilized in the redesigned system and replace legal settlement as the basis for determining financial responsibility.
- The recommendations include a lengthy list of specific regional functions.
- Topics discussed included the need for a consistent consumer appeals process, maintaining local levies in system funding, integration of Medicaid and non-Medicaid services, role of the current county central point of coordination (CPC) staff in the new system, whether it would be appropriate to allow regions to provide more than the core set of services, and conflict of interest concerns.

Judicial/DHS Workgroup. This workgroup report was presented by workgroup co-chair, Mr. David Boyd, State Court Administrator, and Ms. Donna Richard-Langer, workgroup facilitator. Senate File 525 had required the workgroup to provide recommendations on specific topics. The recommendations and discussion included the following:

- Make improvements so that transportation is provided for the court committal process.
- Provide for precommitment screening in the civil commitment process.
- Instead of instituting a new 23-hour involuntary hold for persons who decline to be examined, change the current 48-hour hold provisions to be available 24-hours per day.

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(Mental Health and Disability Services Study Committee continued from Page 6)

- Remove the definition of “qualified mental health professional” in Iowa Code chapter 229.
- Provide for mental health advocates to be state-administered and funded and make other changes to improve consistency.
- Implement jail diversion programs in each region, improve mental health training of law enforcement and corrections personnel, and implement mental health courts based upon various models. Concern was raised regarding the potential costs of these provisions.
- Revise training of magistrates and advocates to improve the consistency of services for persons who are court-ordered to a residential care facility (RCF) placement. Discussion centered on a recommendation for a court-ordered RCF placement to be contingent on notification and acceptance of the placement by the RCF.
- There was discussion about continuing this workgroup for another year.

Adult Intellectual and Development Disabilities (ID/DD) Workgroup. This workgroup report was presented by Mr. Robert Bacon, University of Iowa, and Mr. Rick Shults, DHS. The recommendations and discussion included the following:

- This workgroup also stressed the importance of addressing the needs of persons with co-occurring disabilities.
- Expand eligibility so that persons with DD are served in addition to persons with ID and use a standardized assessment tool to evaluate needs. Discussion on assessment addressed the need to have full-time specialists performing assessments as is done in most states.
- The core services recommendation focused on the need to maintain current services while new services that better support community integration are phased in. The recommendation includes adding services such as crisis prevention and housing supports that are not currently universally available.
- As with other workgroups, outcome and performance measures are addressed.
- The recommendations concerning provider qualifications and monitoring range from provider considerations to data collection.
- Workforce development recommendations range from making the College of Direct Support available at no charge to providers to changing reimbursement provisions to allow providers to bill workforce development costs as a direct expense rather than indirect cost.

Children’s Disability Workgroup. This report was presented by Mr. Mark Peltan, psychologist with Mercy Medical Center, North Iowa, and Ms. Jennifer Vermeer, Medicaid Enterprise, DHS. It was noted that this workgroup will continue meeting during 2012. The report recommendations and discussion included the following:

- The workgroup spent considerable time in analyzing gaps in the current system, noting that there are not clear points of accountability or organizing entities nor clearly defined pathways into treatment. The services are disconnected and not coordinated. The extensive list of gaps also included deficits in meeting the needs of parents and parent substitutes.
- Recommendations included new and expanded core services in this state to replace or prevent the need for out-of-state services, building on a health home model for services, developing a short-term strategy to bring back children in out-of-state services, and instituting a systems of care framework. A detailed definition of the framework and a schematic of a possible health home model were provided. Currently, there are approximately 160 children in out-of-state placements, and another 450 children at risk of such placement.
- The core services identified range from intensive care coordination services and more flexibility in using psychiatric medical institution for children (PMIC) services. It was noted that the federal health care reform law will provide a 90 percent match to the health home models for a two year period and a pilot project is underway in Mason City involving 15-20 families.
- The discussion of outcome and performance measures noted that currently there is little sharing of data between the various systems providing services to children. In the current structure, counties do not have a role in children’s services. The current primary systems are administered by the education system, physical health care providers, juvenile court officers, and DHS and there are many barriers and much duplication between the systems.

Residential Care Facilities (RCFs). Ms. Kathy Butler, Willow Heights, Atlantic, Iowa, and Ms. Diane Brecht, Penn

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(Mental Health and Disability Services Study Committee continued from Page 7)

Center, Delhi, Iowa, discussed the strengths of RCFs in the current system and concerns regarding the redesign recommendations. The presentation and discussion included the following:

- Many RCFs transitioned from county care facilities that once focused on the elderly and persons with ID/DD to a focus on persons with chronic mental illness. Of 1,419 current placements, 622 are court-ordered. Many RCFs provide the sub acute level of care that has been identified as a need in the system redesign.
- The majority of funding is provided through counties since RCFs are not typically funded through the Medicaid program. Some members observed that RCF is not itself a service but can be viewed instead as a residential setting in which services can be provided.
- The regulatory rules applicable to RCFs have not been revised in some time.

Public Comment. Public comment periods were provided in two different blocks. Written public comment submitted is posted on the Study Committee webpage. The comments included the following:

- Including service providers in workforce development efforts, addressing reimbursement disparity between in-state and out-of-state services to persons with brain injury, questions about ability to provide “conflict-free” case management, and support for providing the College of Direct Support at no charge.
- Maintaining a focus on Olmstead principles in implementing redesign will require attention to building community capacity and workforce development.
- Legislation is needed to clearly identify the system components, time frames, and funding provisions for the redesign and integration with the relevant federal health care reform law options available to the state.
- Giving attention to the service gaps in the children’s disability systems.
- Personal stories about a grandmother’s challenges in dealing with the current system regarding her grandson and a mother’s difficulties in accessing services for an age 17 son.
- A caution about allowing too much time to transition from services such as sheltered workshops to more modern approaches such as supported employment.
- Suggestions for near-term changes in certain funding streams, immediate implementation of workforce development efforts and moving away from legal settlement, and other short-term system improvements.
- Suggestions for changes in definitions pertaining to licensed psychologists.
- Suggestions for maintaining the ability for providers to be flexible and innovative.

Next Steps. Legislative staff have been asked to begin identifying areas of apparent consensus that can be offered for consideration by the Study Committee. Other areas of Study Committee discussion included:

- What level of detail will need to be addressed in legislation?
- Can current law provisions dealing with similar provisions such as civil commitment and client advocacy be consolidated?
- While DHS develops initial cost estimates, Study Committee members should speak with their leaders concerning the funding commitment that will be needed for implementation of the redesign.
- Strong support was included in the recommendations for continuing county funding of mental health and disability services and law changes will be necessary to do so.
- Significant discussion is needed concerning funding, how local access points would operate, limiting service options to core services or allowing regions to go beyond, and consumer appeal provisions.
- A subcommittee on funding options may be identified.

Next Meeting. Members decided to change the next meeting date from Thursday, December 15, to Monday, December 19, 2011.

LSA Contacts: John Pollak, Legal Services, (515) 281-3818; Patty Funaro, Legal Services, (515) 281-3040; Amber DeSmet, Legal Services, (515) 281-3745.

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